38*7698*

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

| OMB NUMBER: | B APPROVAL 3235-0076 |
|---|-------------------------|
| Expires: | 2000 |
| Estimated average by hours per response | 07048507 |
| Prenx | 1 |

| UNIFORM LIN | HIED OFFERING EXEMPTION | DAT | TE RECEIVED | | |
|---|---|--|---|--|--|
| Name of Offering (☐ check if this is an amendment Secured Notes | ent and name has changed, and indicate change.) | | -GFIVED | | |
| Filing Under (Check box(es) that apply): Type of Filing: ■ New Filing □ Amendment | □ Rule 504 □ Rule 505 ■ Rule 506 □ Section | n 4(6) □ ULOE | MAR 1 9 2007 | | |
| | A. BASIC IDENTIFICATION DAT | A | | | |
| 1. Enter the information requested about the issu | ег | | 103/6 | | |
| Name of Issuer (□ check if this is an amendment | and name has changed, and indicate change.) | | <u> </u> | | |
| Chestnut Hill Sound Inc. | | | v | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 90 Oak Street, P.O. Box 68, Newton Upper Falls, MA 02464 | | Telephone Number (Including Area Code) 617-618-1800 | | | |
| | | | | | |
| Brief Description of Business: | · · · · · · · · · · · · · · · · · · · | | | | |
| Manufacturer of consumer electronics | | | PROCESSED | | |
| Type of Business Organization | | | | | |
| ■ corporation | ☐ limited partnership, already formed | □ other (please specify): | MAD O O OOG | | |
| ☐ business trust | ☐ limited partnership, to be formed | | MAR 2 3 2007 | | |
| Actual or Estimated Date of Incorporation or Org Jurisdiction of Incorporation or Organization: (En | Month Year anization 12 06 ■ Actual C ater two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction | | THOMSON FINANCIAL | | |
| GENERAL INSTRUCTIONS | en e | The second of th | the transfer of the second of | | |

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 USC 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

When to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires a payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | | A. BASIC IDENT | IFICATION DATA | | |
|--|--|--|-----------------------------|-------------|---|
| Enter the information requested for the issuer, if Each promoter of the issuer, if Each beneficial owner having the Each executive officer and direct Each general and managing particles. | the issuer has be he power to vote ctor of corporate | or dispose, or direct the issuers and of corporate | vote or disposition of, 109 | | ass of equity securities of the issuer; hip issuers; and |
| Check Box(es) that Apply: | □ Promoter | ■ Beneficial Owner | ■ Executive Officer | ■ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | |
| | | | | | |
| Business or Residence Address | (Number and S | treet, City, State, Zip Co | de) | • | |
| c/o Chestnut Hill Sound Inc., 90 Oak St | reet, P.O. Box 6 | 8, Newton Upper Falls, | MA 02464 | | |
| Check Box(es) that Apply: | □ Promoter | Beneficial Owner | ■ Executive Officer | ■ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | |
| | | | | | |
| Friedman, Robert Business or Residence Address | (Number and C | treet, City, State, Zip Co | da) | | |
| Business of Residence Address | (Number and 5 | ticet, City, State, Zip Co | uc) | | |
| c/o Chestnut Hill Sound Inc., 90 Oak Str | reet, P.O. Box 6 | 8. Newton Upper Falls, | MA 02464 | | |
| Check Box(es) that Apply: | ☐ Promoter | ■ Beneficial Owner | □ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | |
| , | | | | | |
| SKRF&T LLC | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Coo | ie) | | |
| ./. Charana Hill Sanad Las 00 Oals Se | une DA Day 6 | P. Names I Inna Falls | MA 02464 | | |
| c/o Chestnut Hill Sound Inc., 90 Oak Str Check Box(es) that Apply: | | | DExecutive Officer | - Di | D. Communication Managing Posts on |
| | □ Promoter | ■ Beneficial Owner | LEXECUTIVE Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | |
| Du-Rite Construction | | | | | |
| Business or Residence Address | (Number and St | reet, City, State, Zip Coo | le) | | |
| | • | | | | |
| 103 South Van Brunt Street, P.O. Box 5 | 657, Englewood | , NJ 07631 | | | |
| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | |
| All Bits Constanting | | | | | |
| All-Rite Construction Business or Residence Address | (Number and S | treet, City, State, Zip Co | da) | | |
| Business of Residence Address | (Pullior and 5 | ticet, City, State, Zip Co | ucj | | |
| 103 South Van Brunt Street, P.O. Box 5 | 657, Englewood | , NJ 07631 | | | |
| Check Box(es) that Apply: | □ Promoter | ■ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | · · · · · · · · · · · · · · · · · · · |
| , | | | | | |
| Petersen, Larry | | | | | |
| Business or Residence Address | (Number and S | treet, City, State, Zip Co | de) | | |
| 6148 Hill Road, Oakland, CA 94618 | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ■ Beneficial Owner | □ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | Ci Fioliotei | Belieficial Owlief | D Executive Officer | LI DIICCIOI | General and/or Wallaging Varties |
| Tui Name (Last hame mst, it morvious) | | | | | |
| Angress, David | | | | | |
| Business or Residence Address | (Number and S | Street, City, State, Zip Co | ode) | | |
| | | | | | |
| 5795 Lindero Canyon Road, Westlake | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner | ☐ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | |
| Ezratty, Randall | | | | | |
| Business or Residence Address | (Number and S | Street, City, State, Zip Co | ode) | | · |
| | (| ,,,p O | , | | |
| 340 West 22nd Street, New York, NY 10 | 011 | | | | |
| Check Box(es) that Apply: | □ Promoter | ■ Beneficial Owner | ☐ Executive Officer | □ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | | |
| | | | | | |
| Rosenberg, David | (1) | | - J - \ | | |
| Business or Residence Address | (Number and S | Street, City, State, Zip Co | oae) | | |
| 75 Second Avenue, Suite 200, Needham, | MA 02494 | | | | |

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Executive Officer ☐ General and/or Managing Partner □ Promoter □ Beneficial Owner Director Full Name (Last name first, if individual) Frohman, Alan Business or Residence Address (Number and Street, City, State, Zip Code) c/o Chestnut Hill Sound Inc., 90 Oak Street, P.O. Box 68, Newton Upper Falls, MA 02464 Check Box(es) that Apply: ☐ Executive Officer □ Promoter □ Beneficial Owner ■ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Krampf, Edward (Number and Street, City, State, Zip Code) **Business or Residence Address** c/o Chestnut Hill Sound Inc., 90 Oak Street, P.O. Box 68, Newton Upper Falls, MA 02464 Check Box(es) that Apply: □ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner □ Promoter □ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □Executive Officer ☐ General and/or Managing Partner □ Promoter ☐ Beneficial Owner □ Director Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** Check Box(es) that Apply: ☐ Executive Officer ☐ General and/or Managing Partner □ Promoter □ Beneficial Owner □ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner □ Promoter Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ General and/or Managing Partner □ Promoter □ Beneficial Owner □ Executive Officer □ Director Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Check Box(es) that Apply: ☐ General and/or Managing Partner □ Promoter □ Beneficial Owner □ Executive Officer □ Director Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

| | B. INFORMATION ABOUT OFFERING | | |
|------------------------------|--|--------------------------------------|--------------------------------------|
| | | Yes | No |
| 1. | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | |
| 2. | Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? | S n/a | |
| ۷. | What is the minimum involution that will be accepted from any morrisonal. | Yes | No |
| 3. | Does the offering permit joint ownership of a single unit? | • | ٥ |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | |
| Full Non- | Name (Last name first, if individual) | | |
| | ness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Busi | ness of Residence Address (Number and Street, City, State, Zip Code) | | |
| Nam | ne of Associated Broker or Dealer | | |
| State | es in which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States" or check individual States) | All States | |
| _ [1 | MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] | _ [HI] _ [MS] _ [OR] _ [WY] | _ [ID] _ [MO] _ [PA] _ [PR] |
| Full | name (Last name first, if individual) | | |
| Busi | iness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Nam | ne of Associated Broker or Dealer | | |
| State | es in which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| | (Check "All States" or check individual States) | All States | |
| _ [/ _ [] _ [] _ [] | IL] _ [IN] _ [IA] _ [KS] _ [KY] _ [LA] _ [ME] _ [MD] _ [MA] _ [MI] _ [MN] MT] _ [NE] _ [NV] _ [NH] _ [NJ] _ [NM] _ [NY] _ [NC] _ [ND] _ [OH] _ [OK] | _ [HI] _ [MS] _ [OR] _ [WY] | _ [ID] _ [MO] _ [PA] _ [PR] |
| Full | Name (Last name first, if individual) | | |
| Busi | ness or Residence Address (Number and Street, City, State, Zip Code) | | |
| Nam | ne of Associated Broker or Dealer | | |
| State | es in which Person Listed Has Solicited or Intends to Solicit Purchasers | | |
| _,,,,,, | (Check "All States" or check individual States) | All States | |
| _[/ | | _ [HI] | _ [ID] |
| _ [! | IL] _ [IN] _ [IA] _ [KS] _ [KY] _ [LA] _ [ME] _ [MD] _ [MA] _ [MI] _ [MN] MT] _ [NE] _ [NV] _ [NH] _ [NJ] _ [NM] _ [NY] _ [NC] _ [ND] _ [OH] _ [OK] | _ [MS] _ [OR] _ [WY] | _ [MO] _ [PA] _ [PR] |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | Aggregate Offering Price | Amount Already Sold |
|----|---|-----------------------------|--------------------------------------|
| | Type of Security | | |
| | Debt | \$ <u>600,000.00</u> | \$ <u>600,000.00</u> |
| | Equity | \$ | \$ |
| | □ Common □ Preferred | | |
| | Convertible Securities (including warrants) | s | s |
| | Partnership Interests | s | s |
| | Other (Specify) | s | \$ |
| | Total | \$ 600,000,00 | \$ 600,000.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | · |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | Number of Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 06 | \$ <u>600,000.00</u> |
| | Non-accredited Investors | | s |
| | Total (for filings under Rule 504 only) | | * |
| | Answer also in Appendix, Column 4, if filing under ULOE | | \$ |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering Rule 505 | Type of Security | Dollar Amount Sold |
| | Regulation A | | \$ |
| | Rule 504 | | s |
| | | | 3 |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | Ö | s |
| | Distington and England Contra | | • |
| | Printing and Engraving Costs | | 3 |
| | Legal Fees | • | \$ <u>7,000</u> |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | s |
| | Other Expenses (identify) | | \$. |
| | Total | | \$ <u>7,000</u> |
| | I Vital | | 3 <u>/1,000</u> |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | 1 and total expenses furnished in respons | egate offering price given in response to Part e to Part C – Question 4.a. This difference i | s the | | | \$ <u>593,000,00</u> |
|-------|---|--|--|--|-------------------------|--|
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | | | | | |
| | | | | Payments to Officers, Directors, & Affiliates | | Payments To Others |
| | Salaries and fees | | 0 | \$ | ٥ | \$ |
| | Purchase of real estate | *************************************** | 0 | s | 3 | \$ |
| | Purchase, rental or leasing and installation | n of machinery and equipment | ۵ | s _ | 0 | S |
| | Construction or leasing of plant buildings | and facilities | _ | s | _ | |
| | Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a | | | | 3 | - |
| | | | ð | \$ | | \$ |
| | Repayment of indebtedness | | | s | o | s |
| | Working capital | *************************************** | 0 | \$ | | \$_593,000.00 |
| | Other (specify): | | | \$ | _ | \$ |
| | | | _ | | _ | |
| | | | _ _ | \$ | 0 | S _ |
| | Column Totals | | • | \$ <u> </u> | • | \$_593,000.00 |
| | Total Payments Listed (column totals added) | | | 5 593,000.00 | | |
| | | | | | | |
| | | D. FEDERAL SIGNA | ATURE | | | |
| | | | <u>. </u> | | | |
| וט תם | ssuer has duly caused this notice to be sign dertaking by the issuer to furnish to the U, accredited investor pursuant to paragraph (i | ned by the undersigned duly authorized persons. S. Securities and Exchange Commission, up b(X2) of Rule 502. | on. If this notice i on written reques | s filed under Rulc 505, the filed under Rulc 505, the file of its staff, the information | ollowing s furnished | ignature constitutes by the issuer to any |
| Issue | r (Print or Type) | Signature A | | Date | | · <u>-</u> · , |
| | tnut Hill Sound Inc. | - Of the | | March <u>#2</u> , 2007 | | |
| Nam | of Signer (Print or Type) | Title of Signer (Print or Type) | | | | |
| | rt Friedman | Secretary | | | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

